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ABSTRACT

Because cancer patients and their families have special psychological needs that are not always met through medical care, the Bowman Gray School of Medicine at Wake Forest University established the Cancer Patient Support Program (CPSP) at the Oncology Research Center. Services provided by the CPSP's 2 professional counselors and approximately 35 volunteers include counseling, patient education groups, assistance in locating needed community resources, and ongoing emotional support. This study investigated with whom CPSP counselors worked, what they actually did in the Oncology Department, and how they viewed the distribution of their time in performing their job. Data were obtained from a work-behavior job analysis instrument completed by two trained observers during a total of 100 20-minute segments. The results revealed that the CPSP counselors had the most contact with the following groups: interns (23%); patients (19%); and physicians, significant persons to patient, and unclassified individuals (10% each). CPSP counselors' activities primarily involved the helping relationship domain (25%) and the environmental and specialized studies domain (41%) of the job analysis instrument. The single most prevalent work behavior was teaching and training. Because 60.4% of the observed work behaviors nested themselves in the hospital setting, it was concluded that oncology counseling is an applied specialty that requires specialized training and preparation. (NB)

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Developing Opportunities for Professional Counselors

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Although cancer is recognized as a stressful life event which often causes depression and anxiety (Schlag, Heinrich, & Ganz, 1983), few attempts have been made to define and outline programs of assistance for cancer patients and their respective families. As Klagsburn (1983) indicated, few events evoke more hopelessness and fear than a cancer diagnosis. The word itself generates tension because people regard cancer as a destructive disease that is perceived to be almost always fatal (Klagsburn, 1983). In actuality, one of three persons now treated for cancer has a normal life expectancy (American Cancer Society, 1979). However, whether it is fatal, curable, or chronic, cancer presents patients and their families with an ongoing series of physical and emotional crises (Berger, 1984). Berger (1984) indicated that the development of oncology units throughout the country needs to be accompanied by the concurrent development of psychosocial support systems. Yet, few such programs exist today, and almost no attempts have been made to define programs of psychosocial assistance for cancer patients and their families.

After recognizing that cancer patients and their families have special psychosocial needs that are not attended to within their medical care, the Bowman Gray School of Medicine at Wake Forest University, in 1980, established the Cancer Patient Support Program (CPSP) at the Oncology Research Center. Presently, the CPSP is staffed with two full-time professional counselors and approximately 35 volunteers who are supervised by the counselors. Services provided by the CPSP team include counseling, patient education groups, assistance in locating needed community resources, and ongoing emotional support. Literally thousands of patients and family members have been assisted since the program began. Feedback from the professional staff, patients, and family members suggests that the program is extremely successful. In addition,

the Program has served as a model for the inception of similar support programs at two other cancer centers.

The present study was designed to investigate the following areas: (a) With whom do the CPSP counselors work in a medical oncology unit? (b) What do the CPSP counselors actually do in the Oncology Department at Bowman Gray Medical Center? and (c) How do the CPSP counselors view the distribution of their time in the performance of the job?

Method

Hospital Setting

The CPSP, which is in the Oncology Research Center at the Bowman Gray School of Medicine, Wake Forest University, was established in 1980 and grew out of the recognition that cancer patients and their families have special psychosocial needs not attended to within their medical care. The Bowman Gray School of Medicine is located at North Carolina Baptist Hospital, a modern 701 licensed-bed facility that generates $181,195,000 annually. It is one of the nation's 127 hospital and medical school centers.

Professional Counselors

The two professional counselors, who are Nationally Certified Counselors and North Carolina Registered Counselors, have each been employed full-time by the hospital for more than 2 years. Both females are graduates from programs approved by the Council on the Accreditation of Counseling and Related Educational Programs (CACREP). One has a master's degree in counseling and the other has a doctorate in counselor education.

Instrument

A work-behavior job analysis instrument consisting of nine domains (i.e., the eight areas used by CACREP (1986) plus an environmental and specialty area

reflecting the hospital setting), was constructed as follows. Literature concerning the occupation of professional counselors (e.g., the Dictionary of Occupational Titles (U.S. Department of Labor, 1977), the Occupational Outlook Handbook (Bureau of Labor Statistics, 1986), professional journals, and counseling text books) was reviewed. The work behaviors of counselors as reported in these sources were used to generate a preliminary list of tasks performed by professional counselors in community mental-health settings. The content of the list was work behaviors, as suggested by the Uniform Guidelines for Employee Selection Procedures (Adoption by four agencies of uniform guidelines, 1978), rather than knowledge, skills, and abilities. The resulting 74 work behaviors were then grouped into the nine categories by the principal investigator and a research assistant. This list of categorized work behaviors was then submitted to three well-known CACREP subject-matter experts, who were asked, to review, refine, or suggest changes needed to provide clarity for the existing work behaviors and, to add any behaviors that were missing. Their suggestions were adopted and the content of the observation instrument was established. The final instrument contained 66 work behaviors which were classified into seven domains. Two of the domains from the CACREP standards (i.e., human growth and development and the social and cultural foundations categories) had no work behaviors.

Scaling Procedures

Two observers were trained to use the instrument for the purpose of recording work behaviors. The observers were two counselor-education graduate students, each of whom had completed a minimum of 36 semester hours of coursework. Training was done using video tapes of the CPSP counselors working in an oncology unit. The first three training sessions were devoted to

refining the format of the observation form for ease of recording behaviors. The last two meetings focused on rater agreement. An 80% agreement level between observers was established as the minimal acceptable rating for 20-minute observation sessions. Agreement was achieved for three consecutive time sessions using the refined observation instrument.

Time-sampling Procedures

A total of 100 twenty-minute segments were observed and recorded as follows. Each Friday for 10 weeks, the two CPSP counselors' schedules were obtained for the following week and a sampling frame was composed for each of the five days. The frame consisted of those times when at least one counselor was available for work at the hospital thus avoiding vacation days or time at conferences. A stratified random sampling, using days as the strata, was then done in 20-minute segments; two segments were drawn for each day plus a total of four alternate segments each week. The alternate segments allowed for unexpected changes in the counselor's or observer's schedules.

Results and Discussion

The results of this study are presented in three sections; (a) with whom do the professional counselors have contact?, (b) what do professional counselors do? and (c) how do the counselors view their work distribution?

Contact With Whom?

The first question addressed was "With whom did the professional counselors have contact and how was their time distributed among these individuals?" To answer this question, cumulative percentages were computed concerning the amount of time CPSP counselors spent with others during their work day. The resulting 10 contact groups and respective percentages are as follows: interns--23%, patients--19%, physicians--10%, significant persons to

patient--10%, unclassified individuals--10%, volunteers--7%, other mental-health workers--7%, and nurses, allied medical workers, administrators, and potential donors--each 3% or less.

What Do Professional Counselors Do?

In order to examine the question of "What do professional counselors do and how is their time distributed among the work behaviors?," the absolute percent of time spent by the CPSP counselors was calculated for each domain and analyzed for each week of observation. These percentages are reported in Table 1. According to the data analyses, 60% of the time engaged by the counselors was classified in the environmental and specialized studies domains; this area was comprised of work behavior special to a hospital setting. Of the remaining 40% of time, the counselors were observed 26% of the time in activities classified in the helping relationship domain, 8% of the time in research and evaluation, 3.7% of the time in appraisal of the individual, and 1.5% of the time in professional orientation. Through the weeks of observation, the contacts were moderately cyclical.

Following the overall analysis by domain, percentages were computed that described the amount of time the subjects performed each work behavior. These data appear in Table 2. The data are presented in terms of work behavior for the total observations, followed by the reported judgments by the subjects for the work behaviors. Some of the major trends apparent in Table 2 include (a) a large percentage of time (i.e., 17.9%) was spent teaching and training others in communications and counseling skills, (b) approximately 9% of the counselors' time was spent in each of the counseling and follow-up categories, and (c) nearly 8% of the time was spent in maintaining communication within the

hospital (e.g.,case conferencing and listening to opinions of others). The remaining work behaviors had no appreciable nesting of activity.

How CPSP Counselors View Their Work Distribution?

In order to answer the question, "How do CPSP counselors view their work distribution?," the two CPSP counselors responding independently to a questionnaire provided the absolute percentage of time they perceived themselves spending in particular work behaviors and in each of the domains. Their responses were averaged in order to provide a more stable estimate of perceived work activity. The mean reported percentages, which appear in Table 2, indicate that the counselors spent the largest amount of time (41%) in work behaviors special to the hospital setting, and the second largest amount of time (25%) in work behaviors in the helping relationship domain. The counselors reported moderate amounts of time (i.e., 12.5% and 7.5% of time, respectively), in activities classified in the domains of appraisal of the individual, and research and evaluation. The counselors reported small amounts of time (i.e., 2.0% to 4.5%) in the remaining domains.

Considerable agreement exists between the counselors' perceptions of work distribution and the work distribution determined by observation. As reported in Table 2, the majority of time (i.e., 25-60%) was spent in the environmental and specialized studies and helping relationships domains, and a moderate amount of time (i.e., 7-9%) was spent in research and evaluation. Less than 5% was spent in the domains of human growth and development, social and cultural foundations, groups, life style and career development, and professional orientation.

Some disagreement existed between self-reported time and observed time per domain. The counselors perceived themselves as spending considerably less

time in the environmental and specialized studies domain than was observed. In contrast, the counselors' reported spending more of their time (12.5%) in the appraisal of the individual domain, while 3.7% was recorded per observation.

When observed work behaviors within domains were examined, the most prevalent activities were counseling, follow-up, case conferences, informal networking, and teaching and training. The most prevalent work behaviors, as stated by the CPSP counselors, were counseling, enlisting participation from the community, and administrative duties.

Conclusions

Given that observation took place in a single hospital setting, the analyzed data allow no firm conclusions. However, tentative conclusions are possible; although there were some differences between the observed and stated work behaviors, a moderately high level of agreement existed between the two.

The data indicate that the CPSP counselors' activities primarily involved the Helping Relationships and the Environmental and Specialized Studies domains. The single most prevalent work behavior was teaching and training. Although the Human Growth and Development domain has long been considered central to professional counselor identity, it did not assume a central role in this job-analysis study. Also, because 60.4% of the observed work behaviors nested themselves in the hospital setting (i.e., Environmental and Specialized Studies domain), it seems that oncology counseling is an applied specialty that requires specialized training and preparation. Accordingly, this specialty within counselor education is warranted.

References

Adoption by four agencies of uniform guidelines for employee selection procedures. (1978). 43 Federal Register 38290-38315.

American Cancer Society. (1980). Cancer Facts and Figures 1980. New York, NY: American Cancer Society.

Berger, J. M. (1984). Crisis intervention: A drop-in support group for cancer patients and their families. Social Work in Health Care, 10, 81-92.

Bureau of Labor Statistics. (1986). Occupational outlook handbook. U. S. Department of Labor Bulletin 2240: USA.

Council for the Accreditation of Counseling and Related Educational Programs. (1986). Accreditation procedures manual and application for counseling and related educational programs. Washington, DC: Author.

Employment and Training Administration. (Fourth Edition, 1977). Dictionary of occupational titles. U. S. Department of Labor: USA.

Klagsburn, S. (1983). The making of a cancer therapist. Journal of Psychosocial Oncology, 1, 55-60.

Schlag, C. C., Heinrich, R. L., & Ganz, R. A. (1983). Cancer inventory of problem situations: An instrument for assessing cancer patients' rehabilitation needs. Journal of Psychosocial Oncology, 1, 11-24.

Table 1.

Percent of time oncology counselors engaged in activities, by week.

	Activities by Week										
Activity/Total Percent	1	2	3	4	5	6	7	8	9	10	11
Human Growth & Development											
Social & Cultural Foundations											
Helping Relationships (26%)	11.1	36.9	31.0	42.0	33.7	13.4	25.2	5.7	27.8	50.0	12.9
Groups											
Life Style & Career Development											
Appraisal of the Individual (3.7%)				1.0				18.4		14.5	
Research & Evaluation (8.4%)	2.2	16.5	25.0	1.0	3.7	3.3	11.7	17.1			
Professional Orientation (1.5%)	2.9	2.0			3.3	2.9	4.4				
Environmental & Specialized Studies (60.4%)	86.7	43.7	41.0	57.0	62.6	80.0	44.7	74.3	53.3	50.0	87.1

Table 2.

Observed Performance and Rating of Work Behaviors

Domain and Related Work Behavior	Observed	Stated
Human Growth & Development	0.0	2.0
Social & Cultural Foundations	0.0	2.5
Helping Relationships	26.0	25.0
Counseling	8.9	11.5
Long-term psychotherapy	0.0	.5
Follow-up	9.0	1.3
Write-up of counseling session	0.1	1.2
Crisis intervention	5.0	5.5
Problem identification/diagnosis	3.0	2.0
Goal setting/life planning	-	1.0
Consultation	-	2.0
Groups	0.0	4.5
Pregroup procedures	-	0.5
Focused group and workshops	-	1.5
Group counseling:		
Supportive	-	1.5
Educational	-	1.0
Life Style and Career Development	0.0	2.0
Counseling (majority of counseling re: stress reduction and/or acceptance of disability/concomitants of cancer)	-	1.0
Procure sources of occupational and educational materials	-	1.0
Appraisal of the Individual	3.7	12.5
Information sharing via case presentations	2.1	6.0
Needs assessment	-	1.5
Collect data about clients:		
- observation	-	2.0
- case history	-	1.0
- psychological or behavioral inventory	-	1.0
- input from significant others	-	0.5
- written records	1.6	0.5

Table 2 (continued)

Domain and Related Work Behavior	Observed	Stated
Research and Evaluation	8.4	7.5
Data analysis	2.8	-
Hypothesis formation/research design	-	1.0
Literature review	0.9	0.5
Field (observational research)	0.2	-
Experimental (laboratory research)	-	0.5
Measure, evaluate, appraise, and interpret data collected about clients	2.8	1.0
Teach/train:		
- direct student research	0.1	0.5
- present research findings	0.8	0.5
Assess effectiveness:		
- program outcomes	0.1	0.0
- counseling outcomes	-	1.0
Use computerized systems for research	-	0.5
Write for:		
- professional publication/presentation	-	1.0
- miscellaneous publication/presentation	0.7	1.0
Professional Orientation	1.5	3.0
Ethical decision-making activity	0.0	0.5
Credentialing activity:		
- attending conference	0.5	1.0
- other	0.8	.5
Tasks and procedures re: referral	0.2	1.0
Environmental and Specialized Studies	60.4	41.0
Inform interested groups about the program's services	0.3	2.8
Establish and maintain communication network within the agency, e.g., case conference	7.8	0.0
Informally elicit opinions (networking)	7.9	1.0
Establish a direct information network with appropriate editors of local newspapers	0.6	0.0
Enlist the participation of individuals or organizations in the community	4.7	10.2

Table 2 (continued)

Domain and Related Work Behavior	Observed	Stated
Administration:		
- budget, e.g., resource allocation	4.2	7.0
- represent unit on policy making body, e.g., administrative meetings	0.1	5.0
- personnel assignment, e.g., task allocation	6.0	4.5
Teach/train:		
- develop course materials	1.0	0.5
- train	2.5	1.0
- supervise	17.9	6.0
Other (e.g., personal time or walking to patients' rooms)	7.4	3.0